Local Fo	Case 19-31767	Doc 40	Filed 12/08/23 Document	Entered 12/08/23 13:24:02 Page 1 of 10	Desc Main
Local Fo	I III 19			NKRUPTCY COURT OF NORTH CAROLINA	September 2021
IN RE:	Rayshion Sashington	n	) ) )	Case No. <b>19-31767</b> Chapter <b>13</b>	
	Debto	or(s)	) )		
	COVE	R SHEET I	OR AMENDED S	CHEDULES AND STATEMENT	<u>rs</u>
	escribe the amendment atements being amend			d statements below, including the n emoved.	ames of the schedules
Debtor is	amending schedules	I & J to refl	ect his current budg	et.	
Note: A f	filing fee may be requi	ired.			
Date:	December 8, 2023				

Attorney for Debtor(s) (or Debtor, if Pro Se)

Pro Se Joint Debtor (if applicable)

David W. Hands 28560

Print Name(s)

Pro Se Joint Debtor (if applicable)

Address

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		2000						
Fill in this information to identify your case:								
Debtor 1	Rayshion Sashin	gton						
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States E	Bankruptcy Court for the:	WESTERN DISTRICT C	PF NORTH CAROLINA					
Case number	19-31767							
(if known)								

■ Check if this is an amended filing

Of	ficial Form 106Sum		
Be a	mmary of Your Assets and Liabilities and Certain Statistical Information as complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amender original forms, you must fill out a new Summary and check the box at the top of this page.	r supplyir	
Par			
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	416,270.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	277,050.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	693,320.00
Par	t 2: Summarize Your Liabilities		
			<b>abilities</b> t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	547,504.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	190,325.76
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	282,116.96
	Your total liabilities	\$	1,019,946.72
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	14,265.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	14,401.01
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other scl	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules.	box and s	ubmit this form to

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Debtor 1 Rayshion Sashington Case number (if known) 19-31767

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_3,819.66

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	190,325.76
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	40,653.00
<ol> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)</li> </ol>	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	230,978.76

Fill in this information to	o identify your case:	
Debtor 1	Rayshion Sashington	_
Debtor 2 (Spouse, if filing)		-
United States Bankrup	tcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA	-
	31767	Check if this is:
(If known)		An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Form	1061	MM / DD/ YYYY
<b>O</b> - <b>L</b> -	V	

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
you have more than one job,	Empleyment status	■ Employed	■ Employed
ttach a separate page with formation about additional	Employment status	☐ Not employed	☐ Not employed
mployers.	Occupation	President	Mentor /Evaluator
clude part-time, seasonal, or elf-employed work.	Employer's name	Tax Genius	UNC Charlotte
Occupation may include student or homemaker, if it applies.	Employer's address	2307 S Cannon Blvd Kannapolis, NC 28083	9201 University City Blvd Charlotte, NC 28223
	How long employed the	here? 4 Years, 0 Months	6 Years, 0 Months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 9,832.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 0.00 9,832.00

Official Form 106I Schedule I: Your Income page 1

Deb	otor 1	Rayshion Sashington	-	(	Case	number (if known)	_	19-31767	•			
					For	Debtor 1		For Debt			i	
	Cop	y line 4 here	4.	l	\$	0.00		non-filing		ouse 32.00	)	
5.	lict	all payroll deductions:					-				_	
J.	5a.	Tax, Medicare, and Social Security deductions	5a		\$	0.00		\$	7	E0 0(		
	5a. 5b.	Mandatory contributions for retirement plans	5a 5b		\$ _	0.00 0.00	_	\$		50.00 50.00	_	
	5c.	Voluntary contributions for retirement plans	5c		<b>\$</b> -	0.00	_	\$		0.00	_	
	5d.	Required repayments of retirement fund loans	5d		<b>\$</b> -	0.00	_	\$		0.00	_	
	5e.	Insurance	5e		<u> </u>	0.00	_	\$	1.9	50.00	_	
	5f.	Domestic support obligations	5f.		\$	0.00	_	\$		0.00	_	
	5g.	Union dues	<b>5</b> g	J.	\$	0.00	_	\$		0.00	_	
	5h.	Other deductions. Specify:	_	1.+	$\$^-$	0.00		\$		0.00	_	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	0.00	-	\$	3,1	50.00	_ )	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	0.00	-	\$	6,6	82.00	_ )	
8.	8a. 8b.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends	8a 8b		\$_ \$_	7,583.00 0.00	_	\$ \$		0.00		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c	<b>)</b> .	\$	0.00		\$		0.00	)	
	8d.	Unemployment compensation	8d	ı.	\$	0.00	_	\$		0.00	_	
	8e.	Social Security	8e	<del>)</del> .	\$	0.00	_	\$		0.00		
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income	8f. 8g	J.	\$_ \$_	0.00		\$ \$		0.00	)	
	8h.	Other monthly income. Specify:	_ 8n	۱.+ 	\$_ 	0.00	- -	<b>*</b>	_	0.00		
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	<b>.</b>	7,583.00		\$		0.0	0	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		7,583.00 + \$		6,682.0	<u> </u>	\$	145	265.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		7,363.00	_	0,002.0	_	_	14,2	03.00
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:	depe					d in <i>Sche</i> d	dule J			0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainlies							2.	\$	14,2	265.00
										ombi		come
13.	Do :	you expect an increase or decrease within the year after you file this form  No.  Yes Explain:	?									

Fill	in this inform	ation to identify yo	our case:					
Deb (Spo Unit		Rayshion Sa		RN DISTRICT OF NORT	H CAROLINA		ck if this is: An amended filing A supplement show 13 expenses as of	ving postpetition chapter the following date:
$\bigcirc$	fficial Fo	orm 106J						
		• <b>J: Your</b> l	 Exper	ises				12/1
Be info nur	as complete ormation. If r mber (if knov	and accurate as nore space is ne vn). Answer ever	possible. eded, atta y questio	If two married people a ch another sheet to this				or supplying correct
Par 1.	t 1: Desc Is this a joi	ribe Your House int case?	hold					
	■ No. Go t	o line 2. es Debtor 2 live i	in a separ	ate household?				
			st file Offici	al Form 106J-2, <i>Expens</i> e	s for Separate House	ehold of Deb	tor 2.	
2.	Do you hav	ve dependents?	□ No					
	Do not list I Debtor 2.	Debtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state dependents				Daughter		13	□ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
3.	expenses of yourself ar	penses include of people other the nd your depende	han nts? □	No Yes			_	☐ Yes
Est	timate your e	a date after the b	our bankrı	uptcy filing date unless				apter 13 case to report f the form and fill in the
the		ch assistance and		government assistance cluded it on Schedule I:			Your exp	enses
4.		or home owners and any rent for the		ses for your residence. r lot.	Include first mortgage	e 4. \$	S	2,900.00
	If not inclu	ded in line 4:						
	4b. Prope	estate taxes erty, homeowner's e maintenance, re eowner's associat	pair, and ι	ıpkeep expenses		4a. \$ 4b. \$ 4c. \$ 4d. \$	S	0.00 15.00 275.00 0.00
5.	Additional	mortgage payme	ents for yo	our residence, such as ho	ome equity loans	5. \$	5	0.00

Deb	btor 1 Rayshion Sashington	Case nu	ımber (if known)	19-31767
6.	Utilities:			
	6a. Electricity, heat, natural gas	6	a. \$	375.00
	6b. Water, sewer, garbage collection	6	o. \$	125.00
	6c. Telephone, cell phone, Internet, satellite, and cable se	ervices 6	c. \$	500.00
	6d. Other. Specify:	6	d. \$	0.00
7.	Food and housekeeping supplies		7. \$	750.00
8.	Childcare and children's education costs	:	3. \$	950.00
9.	Clothing, laundry, and dry cleaning	!	9. \$	325.00
10.	Personal care products and services	10	D. \$	375.00
	Medical and dental expenses		1. \$	1,095.00
	. Transportation. Include gas, maintenance, bus or train fare		· <del></del>	<u> </u>
	Do not include car payments.	1:	2. \$	750.00
13.	. Entertainment, clubs, recreation, newspapers, magazine	es, and books	3. \$	75.00
14.	Charitable contributions and religious donations	1-	4. \$	150.00
15.	. Insurance.			
	Do not include insurance deducted from your pay or include	d in lines 4 or 20.		
	15a. Life insurance	15	a. \$	53.00
	15b. Health insurance	15	o. \$	0.00
	15c. Vehicle insurance	15	c. \$	215.00
	15d. Other insurance. Specify:	15	d. \$	0.00
16.	. Taxes. Do not include taxes deducted from your pay or include	ided in lines 4 or 20.		
	Specify: Est. monthy tax liability from bus. income		5. \$	1,250.00
17.	Installment or lease payments:			<u> </u>
	17a. Car payments for Vehicle 1	17:	a. \$	0.00
	17b. Car payments for Vehicle 2	17	o. \$	0.00
	17c. Other. Specify: Storage unit	17	c. \$	215.00
	17d. Other. Specify: Wife's car payment		d. \$	995.00
18.	Your payments of alimony, maintenance, and support the	at you did not report as	·	
	deducted from your pay on line 5, Schedule I, Your Inco	me (Official Form 106I).	3. \$	0.00
19.	Other payments you make to support others who do no	live with you.	\$	0.00
	Specify:	1		
20.				
	20a. Mortgages on other property		a. \$	1,300.01
	20b. Real estate taxes	20	o. \$	460.00
	20c. Property, homeowner's, or renter's insurance	20	c. \$	158.00
	20d. Maintenance, repair, and upkeep expenses	20	d. \$	495.00
	20e. Homeowner's association or condominium dues	20	e. \$	0.00
21.	Other: Specify: School & Continuing Education for	or Career 2	1. +\$	600.00
20	<del></del>			
ZZ.	Calculate your monthly expenses     22a. Add lines 4 through 21.		•	44 404 04
	•	or Official Form 1001.0	\$	14,401.01
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, fr		\$	
	22c. Add line 22a and 22b. The result is your monthly expe	nses.	\$	14,401.01
23	Calculate your monthly net income.			
20.	23a. Copy line 12 (your combined monthly income) from S	chedule I 23	a. \$	14,265.00
	23b. Copy your monthly expenses from line 22c above.		o\$	14,401.01
	200. Copy your monthly expenses nonline 226 above.	23	σ. Ψ	14,401.01
	23c. Subtract your monthly expenses from your monthly in	rome		
	The result is your <i>monthly net income</i> .	23	c. \$	-136.01
			L	
24.	Do you expect an increase or decrease in your expense			
	For example, do you expect to finish paying for your car loan within t	he year or do you expect your mortgag	e payment to incre	ease or decrease because of a
	modification to the terms of your mortgage?			
	■ No.			
	☐ Yes. Explain here:			
	<del></del>			

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### **United States Bankruptcy Court** Western District of North Carolina

		Western District of North Carolina			
In re	Rayshion Sashington		Case No.	19-31767	
		Debtor(s)	Chapter	13	
	BUSIN	IESS INCOME AND EXPENS	SES		
F	INANCIAL REVIEW OF THE DEBTO	OR'S BUSINESS (NOTE: ONLY INCLUDE inform	nation directly	related to the busir	ness operation.)
	A - GROSS BUSINESS INCOME FOR		·		
	1. Gross Income For 12 Months Prior to Filing:	\$	193	3,008.00	
PART	B - ESTIMATED AVERAGE FUTURE	E GROSS MONTHLY INCOME:			
	2. Gross Monthly Income			\$	16,084.00
PART	C - ESTIMATED FUTURE MONTHLY	Y EXPENSES:			
	3. Net Employee Payroll (Other Than Debtor)	\$	3	3,635.00	
	4. Payroll Taxes			255.00	
	5. Unemployment Taxes			55.00	
	6. Worker's Compensation			0.00	
	7. Other Taxes			0.00	
	8. Inventory Purchases (Including raw materials)			190.00	
	9. Purchase of Feed/Fertilizer/Seed/Spray			0.00	
	10. Rent (Other than debtor's principal residence)		2	2,000.00	
	11. Utilities			439.00	
	12. Office Expenses and Supplies		-	364.00	
	13. Repairs and Maintenance			250.00	
	14. Vehicle Expenses		1	1,155.00	
	15. Travel and Entertainment			0.00	
	16. Equipment Rental and Leases			0.00	
	17. Legal/Accounting/Other Professional Fees			109.00	
	18. Insurance			49.00	
	19. Employee Benefits (e.g., pension, medical, etc.	2.)		0.00	
	20. Payments to Be Made Directly By Debtor to S	Secured Creditors For Pre-Petition Business Debts (Spec	ify):		
	DESCRIPTION	TOTAL			
	21. Other (Specify):				
	DESCRIPTION	TOTAL			

22. Total Monthly Expenses (Add items 3-21)

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2)

8,501.00

7,583.00

Fill in this information to identify your case:							
Debtor 1	Rayshion Sashington						
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing) First Name		Middle Name	Last Name				
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT	OF NORTH CAROLINA				
Case number (if known)	19-31767						

Check if this is an amended filing

### Official Form 106Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Dic	d you pay or agree to pay someone who is NOT an attorney to	help	you fill out bankruptcy forms?
	No		
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)
	der penalty of perjury, I declare that I have read the summary a t they are true and correct.	nd s	chedules filed with this declaration and
X	/s/ Rayshion Sashington	X	
	Rayshion Sashington Signature of Debtor 1		Signature of Debtor 2
	Date December 8, 2023		Date